MIRACLE FOUNDATION INDIA

FAMILY STRENGTHENING AND FAMILY-BASED ALTERNATIVE CARE

Resource Handbook for Master Trainers

Chapter 3

Case Management

Purpose: The session enables the participants to explore the foundations of the case management approach to effective family strengthening practices. The session will help understand the key aspects and each step of case management, the nature of difference in the process while working on prevention or transition cases, and the paramount role of the case manager in anchoring and guiding the process with children and families.

Scope: the purview of this chapter covers the core characteristics, principles of case management process, moving on to the nonlinear stages of the princess examined from the lens of transition as well as prevention, concluded with throwing light on the paramount role of the case manager who is responsible to drive a child centric systematic case management process.

Concept & Characteristics

Case management process is a systematic and coordinated approach that encompasses various activities aimed at effectively addressing the needs and goals of children and families. A standard case management process is important to ensure that children and families receive appropriate support, resources, and services. In turn to prevent separation of children from families or support for separated children for family reintegration, or placement in family-based alternative care settings. The children and families are linked to services that can include schooling, health services, counselling, vocational training, nutrition support, legal services, monthly stipends, and housing support, amongst others.

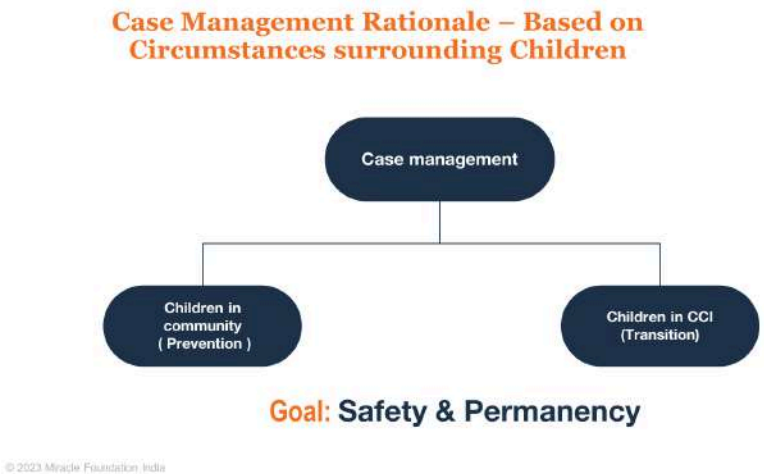

Figure 3.1

Session 9: ''Case Management''; Training Module for Leadership (Child Protection Workforce); developed by Miracle Foundation India

Case management promotes collaboration among multiple stakeholders, such as child protection functionaries, service providers, community organizations, etc., to ensure a holistic, individualized, and

child-centered approach. Through ongoing monitoring and support, the case management process strives to enhance the overall well-being, autonomy, and self-sufficiency of children and families seeking assistance, and enables case managers to make well informed and sound decisions regarding placement and interventions.

The key characteristics of case management process include:

- It focuses on the needs of an individual child and their family. Hence the use of the word 'case'. Each child is considered as a separate case in contrast to the approach of addressing the needs of a group of children.
- Case management services are provided by one key worker (case manager) who is responsible for ensuring that decisions are taken in best interests of the child, the case is managed in accordance with the established process, and who takes responsibility for coordinating the overall care delivered to an individual child/family or a group of children/families, based on their issues, needs, and interests.
- Case managers (including government officials responsible for case management collaborate with other key individuals, and focus on ensuring that the care services provided by case managers as well as other service providers are safe, effective, child & family centered, timely, efficient, accessible, and equitable. In places where professional social workers are few and far between, every effort should be made to bring in this expertise.

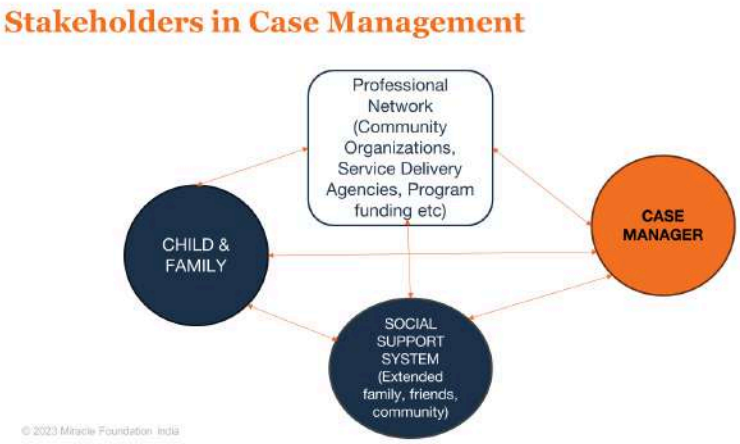

Figure 3.2

Session 9: ''Case Management''; Training Module for Leadership (Child Protection Workforce); developed by Miracle Foundation India

- The process is based on a set of core principles in sync with the essence of the principles of the Juvenile Justice (Care and Protection of Children) Act 2015.

Core Principles

The core principles of case management are aligned to those laid down in Juvenile Justice (Care and Protection of Children) Act 2015. These include:

Figure 3.3

Session 9: ''Case Management''; Training Module for Leadership (Child Protection Workforce); developed by Miracle Foundation India

- **Do no harm -** Actions and interventions designed to support the child (and their family) must not expose them to harm. Care should be taken at every step of the case management process to ensure that no harm comes to children because of case manager or other staff conduct, decisions made, or actions taken.

- **Prioritize the best interests of the child –** All actions should ensure that the child's rights to safety and on-going development are never compromised. There is often no one "ideal" solution however but several acceptable choices that must be balanced with the child's needs. There may be times when even the procedures and legal/policy framework for child protection conflicts with the best interests of the child. Such situations require careful judgements, and the best interest of every child is going to be different because each child and their situation is unique.

- **Non-discriminatory and inclusive –** Children and their families should not be treated poorly or denied services because of their own individual characteristics or based on any group they belong to such as race, caste, religion, gender identity or sexual identification. Where children and families need special assistance to enable them to participate in case management processes (such as translation, help with getting to appointments etc.) this should be provided.

- **Respectful and ensuring dignity –** Children and families should be treated with compassion and empathy. Case managers should be non-judgmental and avoid

stereotyping to the extent that they are able to, keeping in mind that they may need to form professional opinions regarding the safety and protection of a child.

- **Participatory** – Children and families must be encouraged and supported to take part in case management processes, including giving their views and sharing in decision making.

- **Informed consent –** Consent should be sought from children and their families or caregivers prior to providing case management services. To ensure informed consent, children and their families need to fully understand: the services and options available, potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits. For younger children who are too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" should be sought. In some cases, if consent is refused, case management may still be initiated, such as in life threatening and high-risk situations or as directed by the courts or where there is a legal mandate. For example, if a young child was to disclose sexual abuse even if they said they did not want any action taken, agencies would not be able to ignore the situation and action would need to be taken. Where consent is not given, attempts should always be made to work collaboratively with children and families and to seek their cooperation.

- **Confidentiality** – Confidentiality is linked to consent, generally information should only be shared, for example with other organizations, with permission of the child and their family, although it may be shared in high risk/life threatening situations if consent is not given but it is necessary to share information to protect a child. Information should only be shared on a 'need-to-know' basis. This means it should be given only to those individuals who require it to protect the child, with as few individuals as possible.

- **Multi-disciplinary –** Agencies, organizations and other stakeholders should coordinate their activities to protect children and support families. This includes working together on the assessment, and the development and implementation of the care plan. This requirement to work in a multi-disciplinary way recognises that child protection can be complex and often requires a holistic approach.

- **Child Centered and Holistic** – Processes and procedures should be organised and delivered in a way that focuses on the needs of children. Services and support should seek to meet children's needs in the broadest sense, such as physically, emotionally, spiritually, developmentally, psychologically, and educationally. The underlying reasons for child protection concerns should also be addressed where possible, not just the presenting issue or concern.

- **Accountable** – Agencies, organizations and staff involved in case management are accountable to the child, the family, and the community. Case management must comply with the provisions of the Juvenile Justice Act 2015.

Key steps in the case management process

The case management process follows the five steps mentioned below, the process is highly individualized and focuses on the best interest of the child with the following noteworthy features:

- Case management process is not linear, but an iterative one, which means a case can move back and forth in the process as per its status.

- A case can move from assessment to planning & Implementation only when all red flags have been mitigated and there is a safety plan in place to ensure there isn't an immediate danger for the child/family

- Case managers will need to go back and forth between implementation, planning, review, and assessment to make the best decisions for the child and take the most appropriate course of action.

- If at any step, other than follow up, old red flags reappear or new red flags emerge the case immediately moves back to assessment.

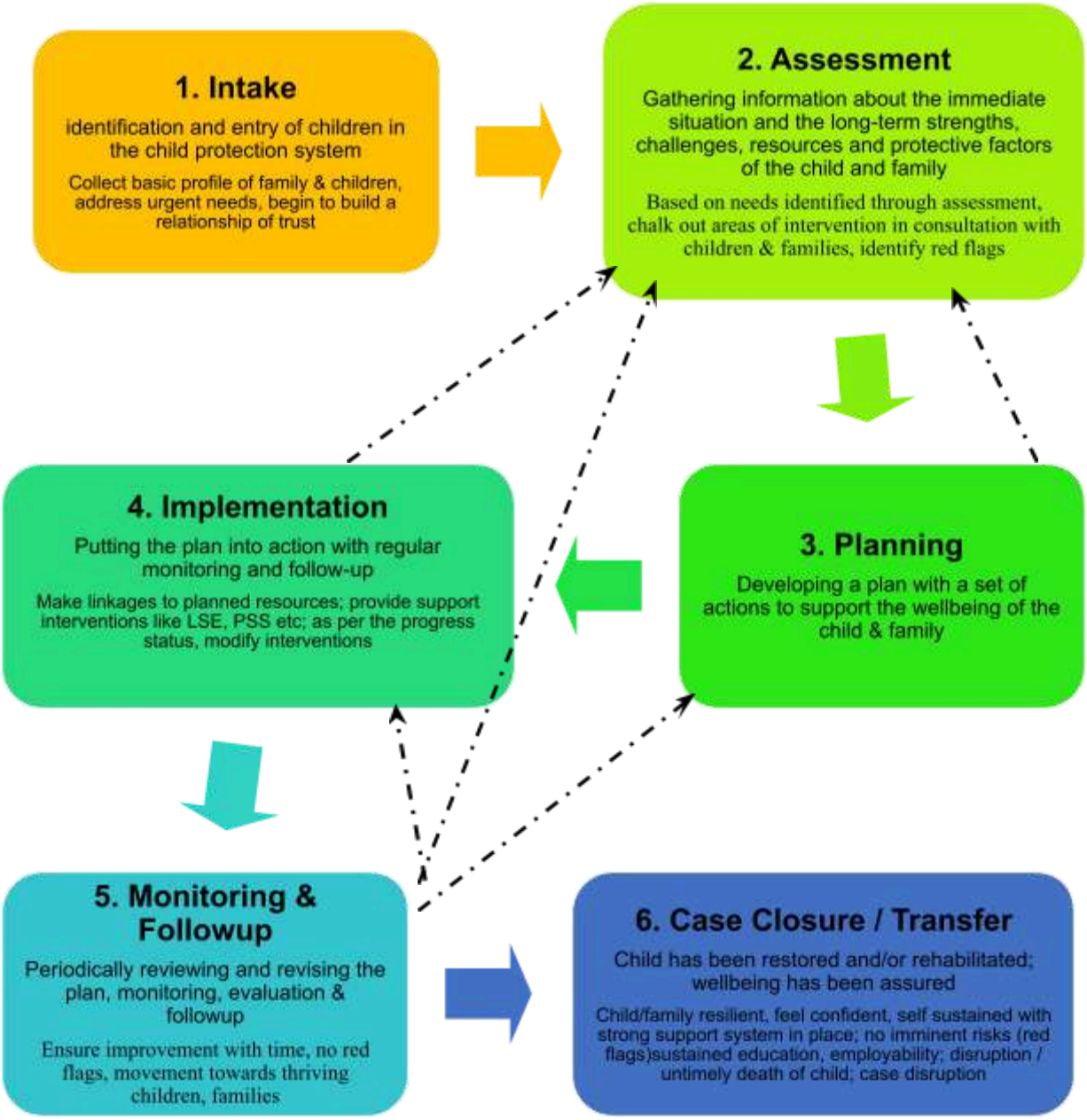

Figure 3.4

Developed by Miracle Foundation India

Step 1: Identification and Intake

Objective: The purpose of this stage is to recognise and respond to those children where there is a child protection concern (or appears to be a concern) and to decide if case management is appropriate.

Children in need of care and protection can be identified by various sources. According to the JJ Act 2015 (amended 2021), the following is a suggestive list of persons who can report a child to the CWC.

- Any police officer or special juvenile police unit (SJPU) or a designated Child Welfare Police Officer or any officer of District Child Protection Unit (DCPU) or inspector appointed under any labour law for the time being in force
- Any public servant
- Child Helpline[1] or any other NGO
- Child Welfare Officer or Probation Officer
- Any social worker or public citizen
- The child himself or herself
- Any nurse, doctor or management of nursing home or hospital

However, any concerned person who finds a child in distress can also contact the police, Childline or Child Welfare Committee (CWC) directly. It is the responsibility of the police or Childline to then produce the child in front of the CWC. All such children need to be produced before the CWC within 24 hours of identification. Not doing so is considered an offense.
The CWC may also approach the child, if required. Whosoever produces the child before the CWC will need to fill out **Form 17**, JJ Model Rules 2016 (amended 2022). Once a child is produced before the CWC the CWC will hold an enquiry based on the information provided by the NGO or the agency that produced the child before it and declare the child in need of care and protection.
In the interim the CWC will pass an order for the child to be placed in a Children's Home, a fit person or fit facility. For placing a child in a Children's Home, the order is placed in Form 18 JJ Model Rules 2016 (amended 2022)..For placing the child with a parent, guardian, or a fit person or a fit facility Form 19 JJ Model Rules 2016 (amended 2022)is used.

Step 2: Assessment

Objective: Assessment is a process of gathering and analysing information to form a professional judgment about the child. During this process the social worker must gather information about the immediate situation but also the long-term strengths, challenges, resources and protective factors of the child and family.

- The assessment seeks to identify:
- The holistic needs of the child, in relation to their age and development and considering the dimensions of wellbeing.
- The strengths and resources of the family
- Considering the vulnerability, risk factors and protective influences for the child

As mentioned above, once a child is produced before the CWC, the CWC will hold an enquiry based on the information provided by the NGO or the agency that produced the child before it and declare the child in need of care and protection.

Henceforth the CWC will appoint a Child Welfare Officer or Child Welfare Police Officer to conduct a speedy social enquiry into the situation of the child. The assessment can also be carried out by members of ChildLine or other NGO members as deputed by the CWC. To

[1] ChildLine – 24-hour toll-free telephone (1098) helpline for children run by the MWCD. Revised guidelines under Mission Vatsalya on integrating ChildLine with the Emergency Response System 112 and run by State and District functionaries were issued on 31 March2023.
https://missionvatsalya.wcd.gov.in/public/pdf/children-related-law/sop_ch_vatsalya.pdf

gather comprehensive information, it is important to review the ICP format and know which are the critical areas on which information is needed to best support the child and their family.

This order is placed in Form 21 JJ Model Rules 2016 (amended 2022).. A social investigation report (SIR) is required to be filled in Form 22 to gather requisite details about children and families. There are several different ways that this can be done including:

- Checking information held on file / from previous reports
- Conversation with people who have been working with the family – such as schoolteachers and health workers or NGOs
- engagement with the local community / village leaders/ local NGOs
- engagement with family members, children
- Family observations (to assess the way the family relates to each other / dynamics)
- Home visits (to check the home environment of the child)

The inquiry shall satisfy the basic principles of natural justice and shall ensure the informed participation of the child and the parent or guardian. The child shall be given an opportunity to be heard and his opinion shall be taken into consideration with due regard to his age and level of maturity. The orders of the Committee shall be in writing and contain reasons.
The assessment is not merely gathering information or an investigation that may be undertaken by the police so that an offender can be prosecuted. This involves evaluating all the information to clearly determine the situation for the child. The information must be understood and used for the benefit of protecting the child and promoting their wellbeing.
This assessment is primarily focused on the needs of the child (and their family) and their safety. Though it may be obvious from the initial assessment what support is needed, it is recommended that a comprehensive, full assessment is undertaken in every case as having more information will ensure that a more appropriate plan is made. During the analysis stage, as well as identifying the strengths and protective factors, an evaluation of risk must be determined. The purpose of this is a more rigorous identification of the most urgent points for intervention and the needs of the child in relation to their dimensions of wellbeing.

Step 3: Planning

Objectives: To develop a plan, based upon the assessment, that will set out what actions will be taken to protect the child, and ensure their wellbeing.

- The aim of the care plan is to outline the steps that will be taken to:
- Ensure the child is safe and risk factors are reduced,
- Promote the best interests and meet the holistic needs of the child, and
- Provide support for the family so that they can appropriately care for and protect the child.

The JJ Model Rules provide for Form 7 i.e. Individual Care Plan (ICP) that needs to be developed for every child that needs support and care from the system. The ICP is a comprehensive and personalized plan prepared for a child that meets the Juvenile Justice System. Hence it is prepared for both children in need of care and protection and children in conflict with law. It ensures the holistic development of the child; in the process, restoring the child's self-esteem, dignity, and self-worth and nurturing the child into a responsible citizen. The ICP should be developed by one of the following –
Probation Officer

- Child Welfare Officer or Case Worker of the CCI
- Social Workers of the DCPU
- Any recognized voluntary or non-governmental organization

Work on the ICP needs to start as soon as the child is received in the CCI or placed in family-based alternative care. Within the first 14 days the Case Manager assigned to the child shall interact with the child and their family to prepare a case history form (Form 43) and maintain it in the case file of the child. Though the primary responsibility of preparing the ICP is with the case worker, a multi-disciplinary team - MDT (comprising of case managers, Superintendent of CCI, counselors, lawyers (if required), health care providers, teachers, and others) is recommended to formulate the ICP so that all the needs of the child (and family) are taken care of and the best plan of action can be arrived at.
Children and family members know best about their situation, and without their agreement any plan is likely to fail. Therefore, it is good practice to invite children and parents or main caregivers to participate in the planning process. Participation of the child during the process of developing the care plan is critical as children have a right to be involved in decisions which directly affect their lives.
In developing the plan, it is important to:

- Make a collective decision on the actions needed to reduce risk and keep the child safe.
- Decide which agency/organization should be responsible for each task
- Establish timelines for completion of the tasks
- Set a date for follow-up of the completed action
- Identify what will happen if the plan cannot be implemented.

It is important when creating the plan to balance the different options as some choices that may meet one need or reduce a risk may have the consequences of causing further harm or creating more problems.

Step 4: Implementation

Objective: This step is concerned with putting the plan into action and monitoring and following up to make sure that required activities are completed. This requires working with the child, family, and community.
Once the case plan is developed, it is then time to move onto the next step of implementing the same. Based on the plan, the case worker should work with the child, the family, the community, and other staff of the CCI, any service providers to ensure the child receives the appropriate services. These services can be in the CCI or in the community.
Some of the services required by a child or their family may be provided directly according to need (for example parenting advice). An essential direct service provided is the psychosocial support done by the case manager themselves during regular monitoring and other meetings with the child. Using child friendly communication, providing advice on daily challenges, and being a resource for the family are important ways that case managers can develop a positive relationship with the family. In some cases, counseling may be provided by a specialized counselor.
The care plan may also identify other actions which require referral to another organization or agency (for instance, specialized health care or children in a CCI often attend a neighbouring school).

The CWC may take a decision to place children above the age of 6 years in foster care. Children in need of care and protection who are living in community may also be considered for placement in foster care based on the child study report in Form 31 prepared by the DCPU. The CWC shall take into consideration the ICP and the opinion of the child before deciding the nature of foster care. It will be the duty of the case worker to inform and prepare the child throughout the process of placement in foster care.

Children without parental care may also be placed in kinship care with extended family members like grandparents, uncles, aunts, or older siblings. Some states have schemes which provide financial support to these children like Palak Mata Pita in Gujarat and Palanhaar in Rajasthan.

The CWC may also place children in group foster care, provided a family has been selected by the DCPU and a Home Study Report has been conducted under Form 30 of the JJ Rules.

Monitoring of the care plan should be done by regular liaison with the people named in the plan. During the stage it will also be important for the case worker to remain in contact with the child (and family), to ensure that the plan is being implemented and is meeting the child's needs, and that the child is safe. Case workers should always speak to children individually on a regular basis to give children the opportunity to speak openly about their concerns and safety.

Step 5: Monitoring & Followup

Objective: To ensure that the plan continues to meet the child's needs despite changes in time, and that it remains 'workable.'

Monitoring & Followup: It is essential to review the ICP or plan for each child in a periodic and regular manner. For review meetings, it is most helpful to only have those people attending who are providing services to the child or their family, or who can speak with knowledge about the case. At each review meeting, the action points identified in the care plan should be considered in terms of whether they are still relevant and if they are being implemented – and any necessary adjustments made. The review meeting should also consider if there are any additional needs for the child (and how to address these) and to the level and nature of risks. It may be necessary to re-assess or update the assessment if the situation has changed dramatically for the child.

According to the JJ Model Rules, the ICP should be reviewed every fortnight during the initial 3 months and henceforth, reviewed monthly. A report on its effectiveness or inadequacy will be prepared with reasons for such an opinion. After the three-month period the progress of the child needs to be examined, with specific reference to the aims and targets noted in the ICP for the child. The progress of the child is reviewed and noted in the rehabilitation card in **Form 14.**

Review in CCI: For children in institutional care the JJ Model Rules 2016 (amended 2022) further stipulate that a quarterly progress report of every child be placed before the Management Committee of the CCI[2] for perusal and consideration. After deliberation by the Management Committee, the ICP can be appropriately modified. The routine of the child and the approach towards rehabilitation of the child also needs to be modified. Records of such a

[2] Every CCI is mandated to have a Management Committee for the management of the institution and monitoring the progress of every child. JJ Rules 2016

modified care plan and daily routine are to be maintained in the case file of the child. The progress shall be reviewed and recorded as per the rehabilitation card in **Form 14.**

Follow-up: At the time of restoration, a follow-up plan should be prepared as part of the ICP of the child. Post restoration follow- up with the child should be documented and should clearly state the condition of the child and the steps needed to further reduce the vulnerability of the child and their family.
After restoration it is essential for the child and family to be linked to an NGO, village child protection committee (VCPC) / Panchayat Child Welfare & Protection Committee or other for continued support and monitoring. This will ensure family strengthening and prevention of separation in future.

Case Transfer

In some situations, cases may be transferred from the jurisdiction of one CWC to another. This happens when children belong to a different state or district from the place they were rescued.

In such situations the child is escorted by a member of the DCPU or NGO and handed over to the CWC of the receiving district.

In such cases it is essential to ensure that all relevant documents and reports of the child are also duly transferred.

Step 6: Case Closure

Objective: When the child protection concerns have been removed or for some other reasons the child and family no longer receive services or monitoring, the case is closed
Circumstances when it is appropriate to close the case include:

- When the child has been restored to their family
- Child & family resilient, self-sustained with strong support system
- Sustained education and employability
- No imminent risks or red flags
- If there is untimely death of the child
- If disruption has occurred, and the child has got separated from the family again
- When the child wants an exit/ seeks exit from intervention / assistance
- If the child moves out of the area. In such cases attempts should always be made to locate the family and to refer to the child protection services in their new location.

Cases should only be closed by agreement from the various people offering services to the child, and with the consent of the child and their family.

Criteria for movement from one step to the next

CMP STAGES	PREVENTION	TRANSITION
INTAKE	As soon a child/family is identifying as at risk of separation	Child gets assigned to a CCI
ASSESSMENT	When baseline assessment is taking place or when red flag reappears at planning & implementation step	When initial SIR/ICP are taking place or when red flag reappears at planning & implementation step
PLANNING & IMPLEMENTATION	After red flags have been mitigated	After red flags have been mitigated
FOLLOW UP/EVALUATION	After family has been strengthened and child is no longer at risk of separation	After placement/reintegration
CASE CLOSURE	After 1 year of follow up when case closure criteria is met	After 2 years when case closure criteria is met

Table 3.1

Case Management Process - Prevention and Gatekeeping

The following diagram represents the process of case management to be followed for cases of prevention and gatekeeping (i.e. if after presenting the case to CWC, the child is sent back to family)

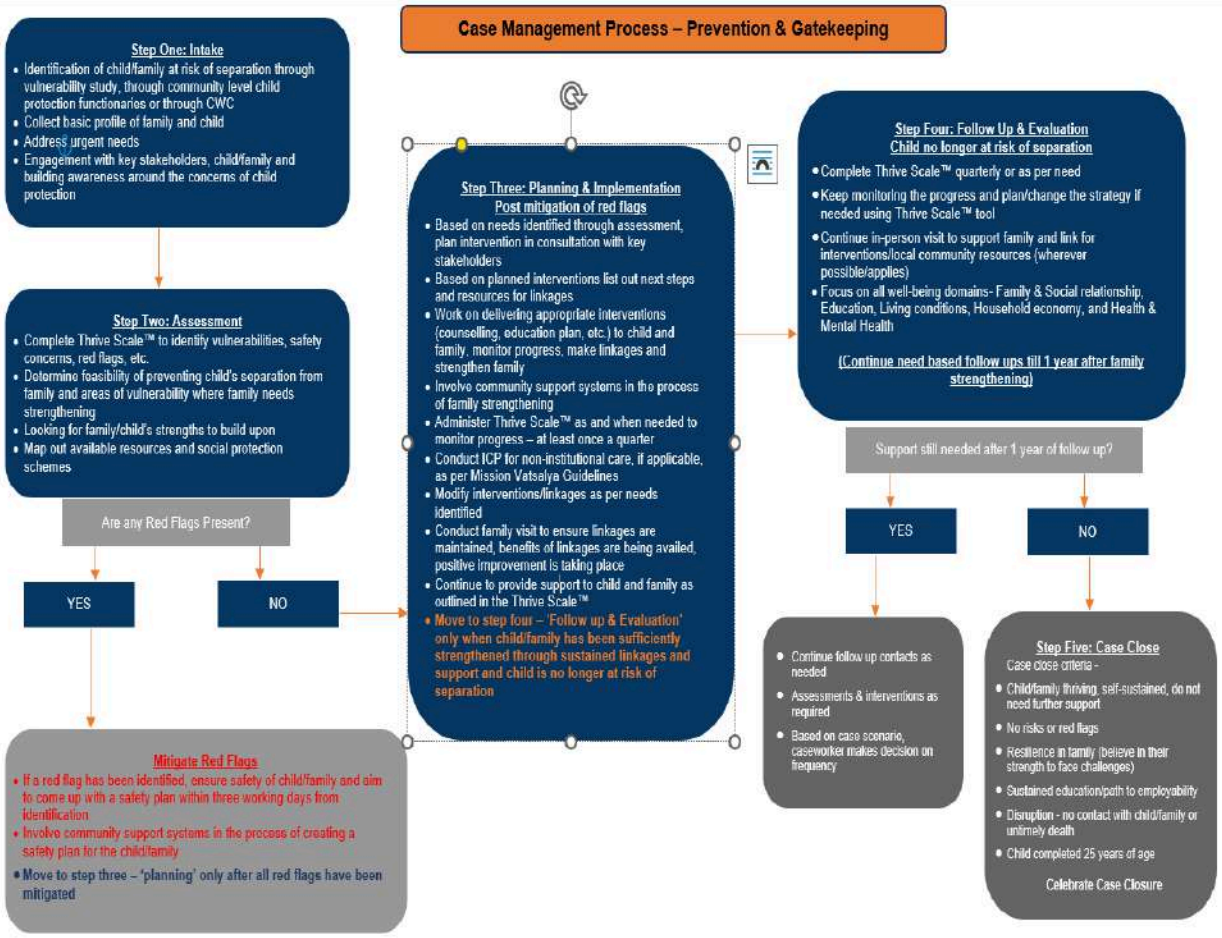

Figure 3.5

Session 9: ''Case Management''; Training Module for Caseworkers (Child Protection Workforce); developed by Miracle Foundation India

Case Management Process - Transition

Following diagram represents the process of case management to be followed for cases of transition:

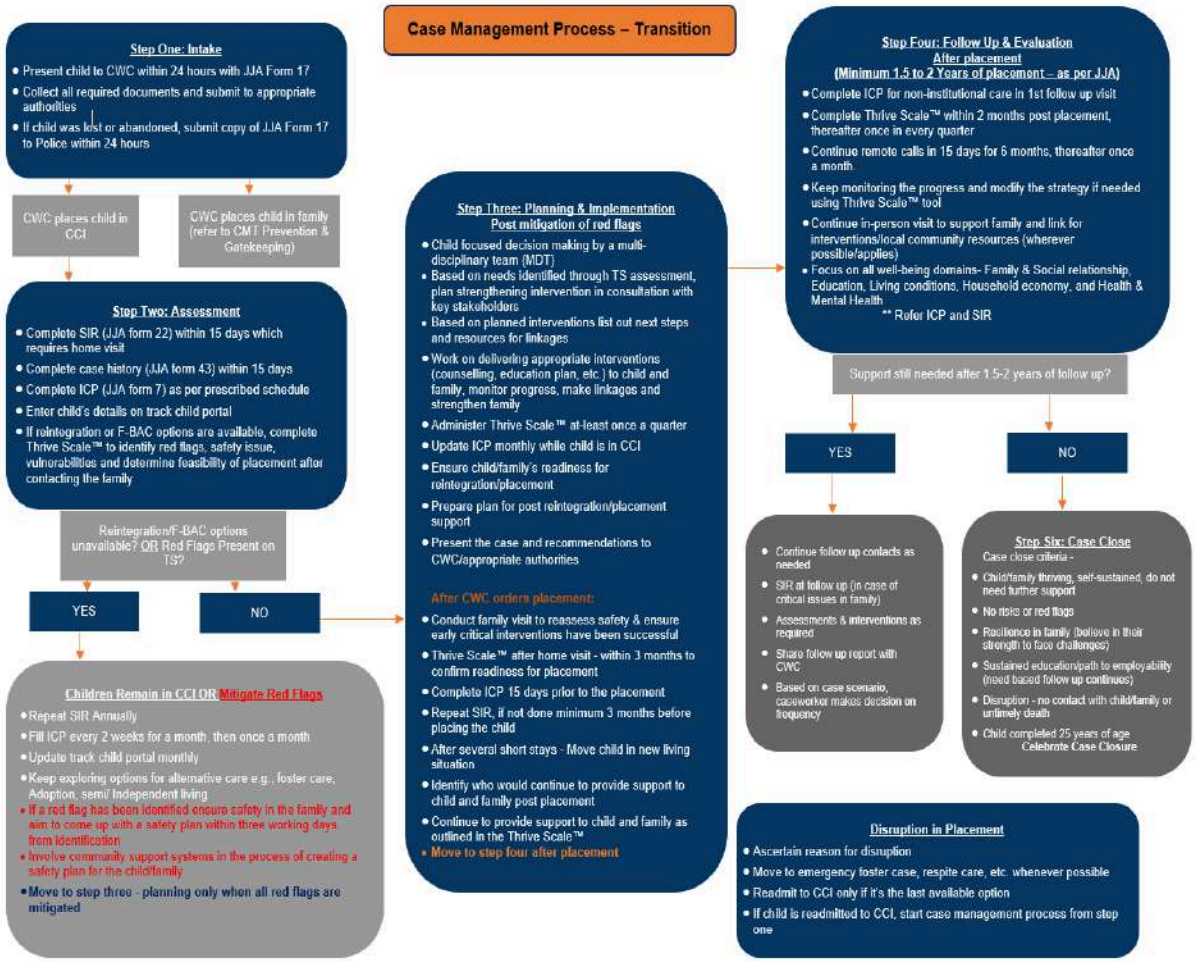

Figure 3.6

Session 9: ''Case Management''; Training Module for Caseworkers (Child Protection Workforce); developed by Miracle Foundation India

Refer Case Studies for Practice: refer Handout Case Studies 1 to 4 in chapter 3, Training Aids

Case Management Tools

The following tools serve a consequential role in implementation of an effective case management process, these have been dealt with at length in the subsequent chapter 4 on assessment of children and families:

- Individual Care Plan (ICP)
- Social Investigation Report (SIR)
- Thrive Scale
- Case Management Tracker

Who is a Case Manager / Case Worker / Social Worker

The case manager is the critical link between a child in need of care and child protection services and has a strong influence on the outcome of support to a child. The case manager plays an important role in carrying out the case management process

The key responsibilities of the case manager are –

1. **Identification and initial assessment**: Case managers may identify children who have faced violence or are at risk of being harmed during their work with communities. The case manager at this stage needs to find out more about the situation and provide immediate support, as may be required. At this stage the case manager also needs to involve the CWC and other stakeholders like the police, in case required.
2. **Conducting the social investigation:** Once the child has been accepted as one requiring case management support, the case manager needs to meet the child, family, community members, and other stakeholders to gather as much information as possible to enable effective planning.
3. **Developing the ICP:** With the information gathered develop and regularly update / revise the care plan.
4. **Linking the child and family to support services:** Coordinate with the various service providers like schools, counsellors, lawyers, and others to ensure regular and quality services to the child.
5. **Follow-up on the welfare of the child:** Regularly meet with the child and the family to ensure that the child is safe and receiving all services.
6. **Documentation and reporting:** Ensure all reports, plans, and documents are carefully filed and updated as per schedule.
7. **Coordinate with stakeholders:** The case manager presents the update of the child to the CWC and coordinates with other stakeholders to ensure their best interest.

The following are some skills of a good case manager.

1. **Relationship building**: The case manager must have excellent relationship building and interpersonal skills.
2. **Communication skills** are soft skills that require active listening, speaking clearly and writing clearly.
3. **Coordination skills** are essential to provide the child and the family with the required services from various stakeholders.
4. **Diligent follow-up** with the child, their family, and various stakeholders is required to ensure that the ICP is being implemented as planned.

5. **Critical thinking and decision making:** These skills are about the ability to analyze facts and information, understand the issue, and make the most appropriate decision.
6. **Advocacy:** The case manager needs to be an active advocate for the child. They must be able to convince the CWC, parents, or CCI staff to act in the best interest of the child.
8. **Empathy** is non-negotiable when dealing with children in difficult situations. It requires case managers to understand the child's feelings and background. Children respond better to case managers who are empathetic.
7. **Collaboration:** The case manager needs to have a collaborative approach towards the child and their family, involve them in the process, and make them feel like active participants.
8. **Professional Judgment:** The case manager should have the knowledge and skills to make professional judgements in the best interest of the child and not be swayed by emotion, social customs, and traditions.
9. **Understanding Child Protection legislation, guidelines, and schemes:** It is imperative for the case manager to be thoroughly familiar with all the laws, rules, guidelines, and schemes related to children.

Summation & Preview

A standard case management process ensures that children and families receive appropriate support, resources, and services. In turn to prevent separation of children from families or support for separated children for family reintegration, or placement in family-based alternative care settings. Case management promotes collaboration among multiple stakeholders, such as child protection functionaries, service providers, community organizations, etc., to ensure a holistic, individualized, and child-centered approach.

The process is not linear, case managers will need to go back and forth between implementation, planning, review, and assessment to make the best decisions for the child and take the most appropriate course of action.

In subsequent chapters we will unravel in detail the assessment, planning, implementation, monitoring and follow up stages of the case management process, as shows up in chapter 4,5 & 6

Chapter 4

Assessment of Children & Families

Purpose: The chapter delves deeper into the practical aspects of the assessment stage of the case management process. Enables the participants to learn to utilize assessment tools for case managers in a way that provides a clear picture of the child and family's unique situation and truly assists with decision making

Scope: The session covers the rationale, concept, technical characteristics of child assessment with particular attention to the practice of filling as well as examining the quality of filled ICP form. The session approaches the topic from the lens of case workers who are entrusted with the responsibility of preparing ICP for children.

Figure 4.1

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Assessment of children and families is part of step 2 'Assessment' of the case management process as shown in figure 4.1 above.

Characteristics of Child & Family Assessment

Joining the dots with the description of the assessment step in chapter three of case management, it is important to recall that child assessment along with family assessment together are an integral part of the assessment stage in the case management process. The purpose is to identify the unique strengths and needs of each child and family.

- It provides information needed to make appropriate placement decisions and care plans that include child and family-strengthening services matched to individual needs.
- The assessment of children and families is not merely gathering information but this involves evaluating all the information to clearly determine the situation for the child.

This assessment is primarily focused on the needs of the child (and their family) and their safety.

- The information must be understood and used for the benefit of protecting the child and promoting their wellbeing.
- Child & family assessment informs about the strengths, needs, and preferences of each child and family which is critical for good decision making.
- These assessments help to identify the factors that fuel the cause of separation of the child from the family, as well as support developing mechanisms for preventing separation.
- In case of a child in institutional care when there is a high possibility of reunification, the family assessment helps develop family strengthening support interventions, and plan to ensure proper protection and care of the child and family.

Steps of Child & Family Assessment

The assessment for children and families can be divided into five steps as shown in figure 4.2 below:

Figure 4.2

Session 4 & 5: ''Child Assessment (Effective use of ICP form 7), Family Assessment (Effective use of SIR form 22)''; Training Module for Leadership (Child Protection Workforce); developed by Miracle Foundation India

- **The first step i**s for the case manager to build a rapport, relationship of trust with children and families bringing into practice active and empathetic listening. It is important to outline the process of making preliminary contact with any family members who might consider placement. The purpose of this initial session is to build trust and allow both the case worker and the family to gain more information to make good decisions about the child's placement.

  The trainer will explain that the initial intake interview should be set up either in the case manager's office or at the family's residence. If necessary, the case worker can have this conversation via telephone, but ensure that the assessment does not lose the

advantage gained when interviewing family members in person. Besides, it is advisable to have more than one contact with the family, a phone or office visit may make sense to develop a sense of the first session.

The trainer will reinforce that the case worker should ensure to conduct the initial intake assessment before considering contact between the family and the child. State that it is important to reassure the family that the role of case worker is to facilitate the process of engagement with the family and the authority.

Further the trainer will reiterate that it's crucial that the case worker approaches the families without judgment and acknowledge that every family has unique circumstances, strengths, and challenges. The case worker should approach and consider families that are genuinely interested in caring for the child.

The trainer will explain that In this session, present basic information about the child to the family including a photo if they have not seen the child for a while, personality description, current health information and school performance (refer handout Travel Plan in Training Aids). Be positive and encouraging but do not make commitments until you are sure this placement is suitable.

Step 2 is collaboration within a multidisciplinary team (MDT) is crucial for optimal outcomes for children and families. The MDT aims to coordinate efforts across various disciplines to identify, treat, and plan for children and families in the care system.

As far as possible, the existing committee should be leveraged to carry out the function of MDT, for example – Home Management Committee in case of a CCI or VCPC/WCPCor any closed group relevant committee in case of community

In case of prevention: Case Worker/Social Worker, representative from the concerned civil society organisation (CSO) that is involved in the support interventions with the child and the family (someone involved in decision making), Govt. authorities including DCPO, CWC representatives, representatives from the community like PRI members and other influential persons from the community. Mental Health Resource Person or any barefoot counselor as available should also be included.

In case of transition: case worker/social workers, core team of FS-FBAC project, In-charge, Mental Health Resource Person (MHRP), Chief Functionary (CFO) and other experts on need-basis (e.g. those working in health, education, mental health, substance abuse or domestic violence services). It will be also useful to involve DCPOs or case managers from government agencies who are directly involved in working with the child/family.

Note that the child and family will not participate in these meetings. However, their voices - opinions and thoughts, fears and challenges will be considered beforehand, by the Case Worker/Social Worker and Outreach team members. And the same will be brought to discussion during these meetings. (refer annexure… for more details on MDT)

If it looks like the placement could be in the best interests of the child, the next step is to perform a more in-depth assessment through a home visit which informs about the basics of meeting with the family. The case worker needs to consider the following tips to make the assessment effective.

- ❖ Schedule a date and time to visit the family in their home environment.
- ❖ If possible, make arrangements to visit when everyone who lives in the house can be present. Observing them in their daily activities provides valuable insights into their lifestyle, interactions, and parenting practices.
- ❖ The home visit is an assessment of the home as well as the family. Assess the environment – is it safe?
- ❖ Observe the family during meal time or in the morning when preparing for the day and watch for attachment behaviors, communication styles, how they handle negative behaviors, respect in relationships, etc.

- **Step 3** is about identifying the type of support interventions in order of priority and creating a plan of action (short or long term) for the same eg: domestic violence prevention, psycho social support, Improved housing, healthcare services, education support, skills training, income generation, substance abuse treatment.
  - ○ This involves creating an environment where family members feel safe, respected, and comfortable sharing their needs and concerns.
  - ○ The association of the case worker should be viewed as a member of the family's team, not someone who is there to evaluate or judge the family members.
  - ○ Ask open-ended questions to explore their motivations, readiness, and support networks.
  - ○ Understand their strengths and areas where they may need additional guidance.
  - ○ It is best practice to interview people individually, this allows you to learn more about their roles, expectations, and feelings. This includes children over the age of six. No need to be overly formal, but do try and make time and space for a few minutes alone with each person.

The trainers will suggest that several informal visits may be necessary with the family before this trust is built, and the case worker should not rush to attain such a relationship. A case worker should acknowledge that the trust building process happens organically and gradually. This is important to mention that checklists and clipboards should not be a part of a home visit. The case worker should be well-versed in the key points of the assessment tool (SIR Form no 22, JJA) so that they can take brief notes but recommended to complete the form after the home visit when they are back in the office.

Moving forward the trainer will project the next slide on DOs and DONTs of family visits. Provide the handout *"Guidelines for Family Visit" (refer chapter 4 Training Aids)* to supplement the discussion.

Community Observation'. Mention that gauging the community is critical as the surrounding socioeconomic environment has a significant influence on the family as well as on the child. Take a stock on the availability and accessibility to community resources, consider their financial stability, access to healthcare, education, any risk factors - crime/violence etc. Evaluate the family's support systems by exploring the assistance from extended or close friends who can provide emotional or practical support. Encourage the participants to share one or two examples where they have witnessed such factors influencing the families and affecting the child's wellbeing.

Further, mention that during family visits while visiting the neighborhood look at the structures, facilities, groups, power centers, existing activities, meeting local resources, and the reach of government schemes and programmes in that community.

Step 4 is about child focused decision making: children and family's involvement, voices to be paramount, cover all areas of child's wellbeing, set measurable objectives keeping child's safety and confidentiality in mind, include contingency plan, identify community resources.

In case of both prevention or reunification, child focused decision making is at the core. Decisions are made on what is best for the child, considering their unique needs and circumstances. The trainer will continue the discussion elaborating on the eight key points to be considered for child focused decision making as indicated in the slide:

- Confidentiality
- Respect culture & dynamic
- No promises or commitments
- Seek Consent
- No judgment
- Do not enter their personal space
- Never accept gifts
- Never offer gifts or their financial support

- **Step 5** is about continuing the assessment process, since the needs and situations of the child and family are bound to change with time, it will be ideal to review and document the assessment on every follow up contact. It is paramount that the assessor is conscious about proactively identifying any red flags across the five well being domains while conducting the family assessment.

(refer Handout 4: Guidelines for Family Visit in chapter 4, Training Aids)

Tools for Child Assessment

The Individual Care Plan (ICP JJA form 7) is a comprehensive development plan for a child based on age and gender specific needs and case history of the child. It is prepared by the case manager in consultation with the multi-disciplinary teams (MDT), with the child, in order to restore the child's self-esteem, dignity and self-worth, to nurture him / her into a responsible citizen. The ICP is to be used in conjunction with SIR to plan interventions as needed, and must

be reviewed often to determine progress and the potential need to change intervention strategies, whether the child remains in the CCI awaiting placement, or is preparing for family placement.

The plan shall address the following, including but not limited to, need of a child, namely - on the eight aspects:

1. Health and nutrition needs, including any special needs
2. Emotional and psychological needs;
3. Educational and training needs;
4. Leisure, creativity, and play;
5. Protection from all kinds of abuse, neglect, and maltreatment;
6. Restoration and follow up;
7. Social mainstreaming
8. Life skill education.

While the ICP is a required JJA Form, Miracle Foundation has added reference guidelines / questions for further clarity for case managers in the existing form that appear as highlighted in red. The reference guidelines to ICP were prepared after going through in detail the feedback, observations and questions coming in for social workers. The intent was to:

No modification or removal of questions is done in ICP as its JJA standard form. The items in red throughout the form are items added by Miracle Foundation, Additions as a check list against some questions is done to ensure quality of ICP done by case managers - red ink highlights that. The blue ink indicates revisions to the form via the amendments to JJ Act 2015.

The revised ICP Form 7 (as per amendments to JJ Act 2015) is meant for both children who are placed in institutional as well as non-institutional care. In case of placement of the child in non-institutional care, the CWC shall direct the DCPU concerned to develop an Individual Care Plan in Form 7 and in case of institutional care, shall direct the management of the Child Care Institution concerned to develop an Individual Care Plan in Form 7, which includes a rehabilitation plan.

Structure and layout of the ICP tool

The form is structured in the following way: (It is no longer divided into parts A, B, C, D) *(refer Handout 1: Tools for Child Assessment: JJA Form 7 ICP: Blank format in chapter 4 Training Aids)*

Personal Details whether being placed in institutional or non-institutional care. The following points have been added to the Form in this section: (indicated with blue ink on the form provided)

- Financial information about the child and parents including details about insurance, assets, liabilities, and succession
- Information about a child's siblings, whether they are being placed together.
- Information about the child’s disability or special needs.

- Information for a child who may have been in Street Situations/ Trafficked/Involved in Drug Peddling/Child Labour
- Information about the child if they are a victim of child abuse.

The concerned trainer will walk the participants through the Personal Details section briefly, because they will be filling out a sample form themselves and will get into more detail at that time. The trainer will remind you about noting plans for interventions with specifics (eg, dates, outside resources, etc.), just checking the box is not enough.

The trainer will now go through the check boxes in the Personal Details section, with the participants. Note that all children must have a voice in their care, and therefore every child should have at least one box checked in the table on page 2. Note also that the Category of "Religious Beliefs" was removed in this revised form.

Children Placed in Institutional Care – this section covers the following categories:

- Progress Report
- Pre-Release Report
- Post-release Report

The trainer will explain that this section references the interventions outlined in the table under Personal Details, and addresses progress and any new interventions required, especially when the score is a 1 or 2. Follow up on progress is critical for proper care of the child.

The Pre-release report outlines plan for the child's future placement, and addresses future intervention plans that had been listed in earlier sections. The post-release/restoration report is used for post placement.

Adoption- This section focuses on children who have been declared legally free for adoption and whether the proper procedures have been followed.

Children placed in non-institutional care (except adoption) - A new section for children placed in non-institutional care (except adoption) which includes:

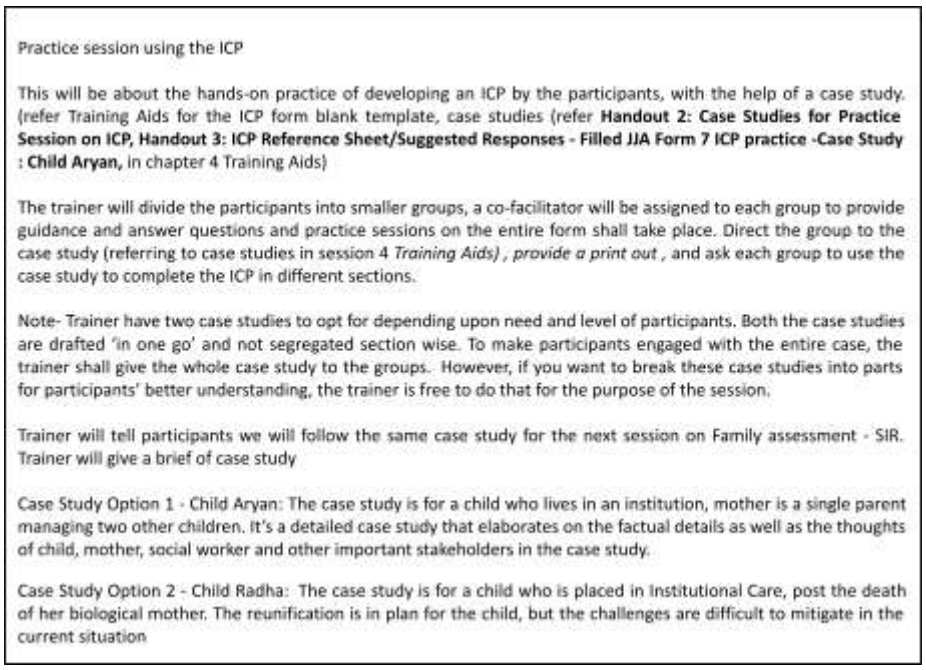
- Education
- Sponsorship
- Restoration of the child
- Repatriation of the child

Timeline for filling ICP

- JA Form 7 ICP (completed in first month)
- Personal Details to be completed when the child enters the CCI.
- Progress Report to be reviewed (by case manager) every 2 weeks for 3 months, then once a month for the duration of the child's placement.
- ICP entered on Track Child Portal (Ministry of Women and Child Development)
- JJA Form 7 ICP Pre-Release Report to be completed 15 days prior to release

- Post-Release Report to be completed at follow up visits after release for up to 2 years as per CWC order

Note - refer chapter 8 on record keeping and documentation for timeline of requisite forms to be filled by the case Manager



Practice session using the ICP

This will be about the hands-on practice of developing an ICP by the participants, with the help of a case study. (refer Training Aids for the ICP form blank template, case studies (refer **Handout 2: Case Studies for Practice Session on ICP, Handout 3: ICP Reference Sheet/Suggested Responses - Filled JJA Form 7 ICP practice -Case Study : Child Aryan,** in chapter 4 Training Aids)

The trainer will divide the participants into smaller groups, a co-facilitator will be assigned to each group to provide guidance and answer questions and practice sessions on the entire form shall take place. Direct the group to the case study (referring to case studies in session 4 *Training Aids) , provide a print out ,* and ask each group to use the case study to complete the ICP in different sections.

Note- Trainer have two case studies to opt for depending upon need and level of participants. Both the case studies are drafted 'in one go' and not segregated section wise. To make participants engaged with the entire case, the trainer shall give the whole case study to the groups. However, if you want to break these case studies into parts for participants' better understanding, the trainer is free to do that for the purpose of the session.

Trainer will tell participants we will follow the same case study for the next session on Family assessment - SIR. Trainer will give a brief of case study

Case Study Option 1 - Child Aryan: The case study is for a child who lives in an institution, mother is a single parent managing two other children. It's a detailed case study that elaborates on the factual details as well as the thoughts of child, mother, social worker and other important stakeholders in the case study.

Case Study Option 2 - Child Radha: The case study is for a child who is placed in Institutional Care, post the death of her biological mother. The reunification is in plan for the child, but the challenges are difficult to mitigate in the current situation

Tools for Family Assessment

The tools for family assessment described below include

1. Social Investigation Report (SIR)
2. Thrive Scale

1. Social Investigation Report (SIR)

Family Assessment is indeed a critical component for developing a comprehensive Social Investigation Report (SIR) referring to form 22 within the framework of JJ Act 2015. The SIR is instrumental for the Child Welfare Committee (CWC) to make informed decisions that support the well-being of the child involved. A high-quality SIR not only reflects the complexities of a family's situation but also validates the information through assessment. Therefore, the quality of SIR depends on the intensity and frequency of engagement during the family assessment while dealing with a particular case.

SIR contains detailed information pertaining to the circumstances of the child, the situation of the child on economic, social, psycho-social and other relevant factors, and the recommendation thereon;

Structure and layout of the SIR tool *(refer Handout 5: Tools for Family Assessment: JJA Form 22 Social Investigation Report, blank template in chapter 4, Training Aids)*

SIR is devised to collect information related to the following sections:

- Family and Social Relationships
- Household Economy
- Living Condition
- Community Support
- Education & Skills
- Health and Mental Health
- Child History - Living Situation
- Child History of Abuse
- Placement Plan

The reference guidelines to SIR have been prepared by Miracle India after going through in detail the feedback, observations and questions coming in for social workers. (no modification or removal of questions is done in SIR as its JJA standard form.) The intent was to:

- To add further clarity to case workers in doing the SIR thoroughly by creating the checklist of options.
- Help case workers understand the questions well and be able to revert.

Responses - Aryan's Case, Handout 8: Reference Sheet for SIR: The items in red throughout the form are items added by Miracle Foundation India, Additions as a check list against some questions is done to ensure quality of SIR done by social workers - Red Ink highlights that. The blue ink indicates revisions to the form via JJA amendment 2022.

The revised SIR form 22 (JJ Act 2021) is for both the children who are placed in institutional or non-institutional care. In case of placement of the child in non-institutional care, the CWC shall direct the DCPU concerned to develop a SIR in Form 22 and in case of institutional care, shall direct the management of the Child Care Institution concerned to develop a SIR in Form 22, which includes a recommendation section from social worker for rehabilitation plan. Important to note that SIR is to be used in conjunction with the ICP.

SIR is to be completed through home visits to concerned families, though some sections may be completed prior to your visits, and some information can be obtained from the Individual Care Plan (ICP) or Child's Case History JJA form 43. Here it is important to remind the group that the case worker should not be heading to home visits with their clipboard and SIR form but rather be prepared with the framework and engage the family in depth conversation Before going into the practice session on SIR the trainer will ask the participants to go through every question in the SIR. *(for practice session using SIR, refer Handout 6, Handout 7: Reference Sheet for SIR: Suggestive Suggestive Responses - Radha's Case in chapter 4 Training Aids)*

2. Thrive Scale

While JJA ICP and SIR tools help us a great deal doing the child and family assessments, the Thrive Scale[3] methodology and tool is premised on a strength-based approach to family strengthening, and compliments the tools of ICP and SIR in the case management process.

Feature of Thrive Scale

- Thrive Scale offers a structured framework for case conceptualization, risk assessment, intervention planning, and progress tracking, ensuring a holistic approach to family strengthening.
- The process encompasses conducting assessment of families and children across the five wellbeing domains on a four-point Likert scale, comprising of 43 questions
- All the questions on the tool are answered on a four-point Likert scale, explained below:
- In-Crisis - Needs immediate attention, the condition either demands urgent, focused interventions or is an immediate safety threat (Red Flag
- Vulnerable - Needs attention, not an urgent threat, however, regular planned intervention and monitoring are necessary to prevent the condition from deteriorating or becoming a safety threat.
- Safe - Attention helpful, but not necessary, condition addressed but occasional support may be required.
- Thriving - No attention needed, condition is not present in the household; family is fully self-sufficient to address this.

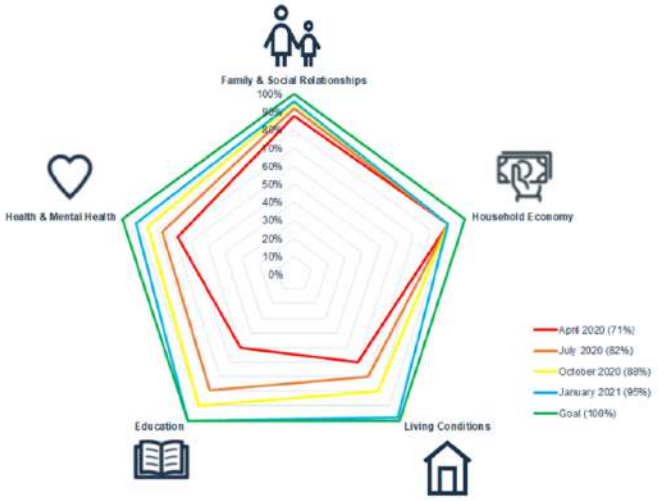


Figure 4.3

Thrive Scale developed by Miracle Foundation

[3] The Thrive Scale™ was developed by Miracle Foundation based on extensive research of similar tools utilized by organizations worldwide.

- Thrive scale tool enables the case worker to quickly identify which areas to focus on with their families' cases by comparing domain scores and marking vulnerable milestones, and study a visual representation of the scores obtained through the assessment in the form of a spider graph. This makes it easy for the case worker to clearly see the strengths and vulnerabilities of the assessed family and to plan interventions based on the well-being domain where the family needs the most support.
- The tool allows to identify red flags and other areas of needs, recommend, plan interventions, and regular progress can be observed, and tracked through regular/periodic application of the tool and through the spider graph.

Let us recall from Chapter 2, the five well-being domains:

- Family & Social Relationships
- Health & Mental Health
- Education
- Household Economy
- Living Conditions

Through the five wellbeing domains, the Thrive Scale assesses the safety and stability of each family, pinpoints areas of concern, unveiling potential red flags that demand immediate attention within each of the five wellbeing domains. These indicators suggest the presence of immediate threats which could pose a direct danger to the child's safety and development. Red flags (recall from chapter 2) serve as warning signs, prompting the need for careful evaluation and intervention to address potential dangers.

As shared earlier in chapter 2, the following are the red flags monitored as part of the Thrive Scale:

- ***Violence & Abuse in Household:*** This includes physical abuse/ violence, sexual abuse and domestic violence occurring in the household/surrounding that puts the child at risk.
- ***Child marriage / trafficking / labor/ usage for illegal activity:*** occurring in the household / surrounding that puts the child at risk

The above red flags are parts of the Family and Social Relationship domain

- ***School age children are not attending school regularly -*** red flags fall under the domain of Education.
- ***Living Conditions are not safe for the household -*** this red flag falls under the domain of Living Conditions.
- ***Adults in the household do not have means to provide for basic financial needs of the family -*** red flag deals with the domain of Household Economy.
- ***Household is impacted by alcohol/substance abuse by a household member -*** falls under the domain of Health and Mental Health.

Structure and layout of Thrive Scale tool[4]

The Thrive Scale tool format is split in 8 sections, a snapshot given below: (for detailed tool format, refer Training Aids document)

- **Section 1:** Pre-Assessment Questionnaire: includes Demographic information about the child (Name, DOB etc), the type of placement assessed, If child was seen, Child's thought about the placement & Family/caregiver's thought about placement.

- **Section 2 to Section 6:** There are 43 questions across ALL 5 wellbeing domains to assess the child & family condition.
- Each question is marked as In-Crisis, Vulnerable, Safe or Thriving based on the situation at the time of assessment.
- The questions which have red flags require special attention while marking and might have impact on intervention and placement related decisions (Trainer to go through the explanations cited in Redflag questions refer to Annexure 3 OR can use Mockup link)
- Case worker's intervention details to address identified areas of concerns
- At the end of rating all the domains the tracker calculates an automated score
- **Section 7:** *Recommendation:* The case manager shares overall finding and recommendation regarding suitability of current placement for the child. The options include:
- Continuity of placement with on-going support services and follow up contact
- Transitioning child to alternative placement
- Prepare child & household while focusing on planning/implementing support services
- Temporary transition to institutional care
- Report to appropriate to resolve Critical Factors
- Close case
- Or any other option

- **Section 8:** Followup:
  - ❖ Of the domains that have items in need of attention, which do you plan to focus on before the next thrive scale assessment?
    - Family & Social Relationships
    - Education
    - Health & Mental Health
    - Household Economy
    - Living Conditions
    - None of the Above
  - ❖ How often do you plan to follow up on this case?

[4] Thrive Scale™ tool format is given as a sample to get a purview of the tool, the actual tool is automated in the form of a mobile first application & web platform, which serves as a one-stop platform for data collection, analysis, and intervention.The app puts the power of Thrive Scale methodology with every case worker in an easy-to-use format. Reports & dashboards in web portal collates all the data in one place for case workers, org leadership, and other stakeholders to put that critical information to use, view aggregated data to identify critical cases and trends to see where families need the most support The application adhere to the Digital and Personal Data Protection Act 2023.
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Note: Thrive Scale assessment does not need to completed after each followup

- ★ Weekly
- ★ Fortnightly
- ★ Monthly
- ★ Bi-Monthly
- ★ Ad Hoc (Need Basis)
- ★ No need for more followup, stay with regular schedule

Note: The tool needs to be filed jointly with family, however if at any point it is felt that parents/family might be hiding any information or may be misinterpreted or are not agreement with rating without ANY rationale - the recommendation shared by Caseworker use their own judgment as a trained worker and share recommendations

If the case manager is not sure about the rating as it might be too early in the process (initial assessments) or unable to observe certain aspects. It will be wise to mark the rating vulnerable, providing the rationale and then revisiting the rating again in the next assessment.

Practice session using Thrive Scale

- Case Study (For Thrive Scale practice): Rawat family
- Responses of a filed Thrive Scale for this case study along with case worker's intervention details in each identified areas of concerns

Case Management Tracker

Case management tracker (CMT) supports the case manager with a system to analyse, track the progress across the steps of case management process, leveraging the data generated through the ICP/SIR tools

The CMT helps with:

- Enabling the case manager to follow the case management process effectively and track individual status of each child, on a central document and in real-time.
- Helps adhere to the required frequency and timeline for child and family assessments
- Ensures that no child remains in CCI longer than necessary, and efforts are taken to explore different placement options
- Helps identify the gaps in case management and placement process so that measures can be taken to address the same
- Creates a system of responsibility and accountability at all levels - make it easier for all necessary persons to fill in, view, and discuss cases as needed

Refer sample CMT in the Training Aids document

(refer Handout 9: Case Management Tracker (Excel based) in chapter 4 Training Aids)

Summation & Preview

In keeping with one of the principles of an individual child centred approach of case management, the sphere of child and family assessment pins identification of the strengths, needs, and preferences of each child and family which is critical for appropriate decision making for a case manager.

It is critical for a case manager to build a rapport, relationship of trust with children and families bringing into practice active and empathetic listening, collaboration within a multidisciplinary team (MDT) is crucial for optimal outcomes for children and families. The MDT aims to coordinate efforts across various disciplines to identify, treat, and plan for children and families in the care system. For a child focused decision making, the involvement of children and family's voices is paramount. Entails identification of the type of support interventions in order of priority and creating a plan of action (short or long term)

The ICP is to be used in conjunction with SIR to plan interventions as needed. While JJA ICP and SIR tools help us a great deal doing the child and family assessments, the Thrive Scale[5] methodology and tool is premised on a strength-based approach to family strengthening, and compliments the tools of ICP and SIR in the case management process.

The next chapter delves into the detailing of the planning and implementation stages, the preparation of children and families to uphold reintegration and prevention.

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[5] developed by Miracle Foundation based on extensive research of similar tools utilized by organizations worldwide.

Chapter 5

Planning & Implementation

Preparation of Children & Families towards Family Strengthening

Purpose: The purpose is for the case manager to understand the importance of strengthening family relationships in the context of child development, understanding family as a UNIT and key areas of focus. Further to learn about key tools utilixed in the process of child and family preparation.

Scope: The chapter focuses on working with children to strengthen their relationship with their families both for prevention of separation and transition to families (reintegration). The emphasis is on key techniques which can be taught to children to build their resilience. The entire process is underpinned by a Child-Centered approach, Child Safety & Family-Focused Support. The chapter also deep dives into the family preparation aspect and highlights tools, techniques, which will help the case manager in their work with the family/caregiver with the aim for the parent/caregiver to provide best care for their children.

Figure 5.1

Session 9: ''Case Management''; Training Module for Caseworkers (Child Protection Workforce); developed by Miracle Foundation India

Preparing Children falls under the Step three - 'Planning & Implementation' of the case management process as shown in the figure 5.1 above.

Contextual Characteristics & Elements of Child & Family Preparation

Preparation may include ensuring there is a readiness in the child in the movement of placement and building reconnection, bonding with family, family visits, counseling and psychological support, provision of material support and linkage to basic service are the

aspects to be worked on. However, for this handbook, we will focus on the Psychosocial aspect/ the soft skills which are important while working with children. These stand important both in the cases of Prevention and Transition.

As shown in figure 5.2 below, the three-dimensional approach to guide the course of preparing children and preparing family/caregiver towards strengthening family relationships. Using these key elements to promote positive change on all three dimensions is our best chance to help adults provide safe and responsive caregiving, and to help children get (and stay) on track for overall wellbeing & healthy development. These include:

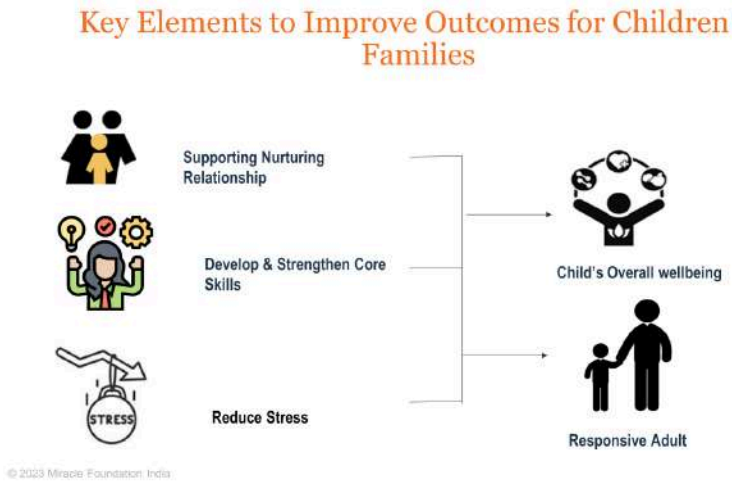

Figure 5.2

Session 7: ''Strengthening Family Relationships (Tools for Preparing Children)''; Training Module for Caseworkers (Child Protection Workforce); developed by Miracle Foundation India

I. Support Nurturing Relationship: A major active ingredient in a child's overall developmental process is the interaction between children and their parents/ caregivers. Nurturing relationships also helps to build a foundation for children's ability to handle stress and recovering from trauma/tough times across childhood and into adulthood.
II. Develop & Strengthen Core Skills: There is a set of core skills that help people manage relationships within family and better work-life balance. Further enabling to plan for and achieve goals, adapt to changing situations, and resist impulsive behaviors. These skills can be developed over time through practice and feedback, with some children needing more time and support than others to build them.
III. Reduce Sources of Stress: Learning to deal with stress is an important part of development, but the never-ending stress experienced by children and families experiencing issues like deep poverty, deep-rooted trauma, community violence, interpersonal discrimination, parental substance abuse and/or mental illness can cause long-lasting problems. Reducing the pile-up of potential sources of stress will protect children:
    1. Directly (i.e., children's stress response is triggered less frequently and powerfully)

2. Indirectly (i.e., the adults who care for children are better able to protect and support them, thereby preventing lasting harm on their childhood)

Responsive relationships help to deal with stress, regulate emotions and behaviors, develop the capacity to overcome serious hardships and build hope for the future.

A family is seen as the child's primary support and a constant element in their life. The family members know well about their child, and they play a huge role in ensuring the child's safety, health, and wellbeing. Empowering vulnerable families (those on verge of separation or already separated) help parents meet their basic parental responsibilities and access resources to provide nurturing care and a safe environment free from abuse, neglect, or exploitation. The strategic intent is to:

- To strengthen the caregiver-child relationship
- To enhance caregiver's capacity to access resources and services
- To improve caregiver's capacity to protect children from all forms of harm and exploitation

The following protective factors instrumental in strengthening families, aim at preventing child maltreatment and promoting positive outcomes for the family *(recall the description of protective factors in chapter 2)*

- **Parental Resilience:** Ability to Manage stress and functioning well when faced with challenges, adversity, and trauma.
- **Social Connections:** Positive relationships that provide emotional, informational, instrumental, and spiritual support. This includes Concrete Support in times of need which includes access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
- **Knowledge of Parenting and Child Development:** Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
- **Social and Emotional Competence of Children:** Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

The effective utilization of key protective factors results in strengthened family, optimal child development, reduced likelihood of child abuse and neglect

Note: The preparation is not a one-time activity. It is rather a series of efforts made over a period of time. Hence it is extremely important that we go at the pace of the child and family. We keep them engaged in the process through providing them opportunities to ask questions and share information, and know whom to contact to share challenges, problems & questions and ultimately build their own resilience.

Overview of Tools for Preparing Children

The three key elements while preparing children in process of strengthening family relationships include:

1. Following a Strengths-Based Approach
2. Identifying & Addressing Emotions of children
3. Strengthen their Core Coping Skills

Address these points at every step of the process with Child

What do **you** want?
What do **you** need?
Who are the important people in your life?

You will be safe

The points mentioned in the box above, are vital as Child's wishes and feelings are paramount in the process & this gives understanding of the child's wants to the case manager. Also, illustrates the child participation at each step of the process - rather than being a silent participant.

Let us recall from Chapter 4 on Child & Family Assessment, the importance of a case manager adopting a strength-based approach. This stands true while working with children at every step. Do not start by focusing on their weaknesses or issues. Shift away from the problem-oriented method to one that builds on:

1. Their achievements
2. Their key strengths and
3. Existing skills

It means the case managers should focus on identifying the strength of family and not get limited by the problem issues while preparing children. That they must understand the emotions of the child before learning to address the same.
(Refer in chapter 5 Training Aids, the following:

Practice Activities

Activities - Handouts

Expressing Emotions
STOP, THINK & SPEAK TECHNIQUE -
Managing Anger

Recognizing When We Have Been Angry
- Helicopter View
- Blowing Bubbles
- Role Play/ Scenario Based Questions
- Expressing Emotions through Art
- Book Suggestions
- Make a Worry Box - Write, paint
- Role model wall/poster
- Gratitude Journal
- Blow-up a balloon

Handout - "What if" plan
Case story - Rama
Handout - Cut outs for the activity 'Planned and Unplanned Move
Handout - Worksheet for Preparing Children

- *Handout 1: Overview of Activities for Preparing Children,*
- *Handout 2: Reference Worksheets for Practice Activities*
- *Handout 3: Case study to practice the learnt skills*
- *Handout 4: Well-planned Move and Unplanned Move*
- *Handout 5 : What If Plan worksheet)*

Overview of Tools for Preparing Parents / Caregivers

Activities Guide the Blindfolded Practicing Empathy The Bouncy Balloon Tangled up in Knots Handouts During & Post Training Read: List of Activity Handout (Reference Document)

(refer in chapter 5 Training Aids, the following:

- Handout 6: Key Activities for Preparing Parents / Caregivers
- Handout 7 for preparation of parents / caregivers (for more practice during training session or post that)
- Handout 8: Communication Building
- Handout 9: Positive Discipline Techniques
- Handout 10: Attachment:
- Handout Case studies for Practice post training)

Summation & Preview

The strategic intent of child and family preparation is to:

- To strengthen the caregiver-child relationship
- To enhance caregiver's capacity to access resources and services
- To improve caregiver's capacity to protect children from all forms of harm and exploitation

Preparation is not a one-time activity; hence it is extremely important that we go at the pace of the child and family. We keep them engaged in the process through providing them

opportunities to ask questions and share information, and let them know whom to contact to share challenges, seek clarification, ultimately building their own resilience.

It is important for the case manager to adopt a strength-based approach. Do not start by focusing on their weaknesses or issues. Shift away from the problem-oriented method to one that builds on their achievements, their key strengths, and existing skills.

Chapter 6

Monitoring, & Followup

Purpose: the purpose is to

- To highlight the significance of ongoing assessment and monitoring to identify emerging needs and risks, as the families' circumstances evolve.
- To provide participants with the knowledge and skills for follow-up and reviewing through effective uses of tools, in line with guidelines and standards set in the Juvenile Justice Act. Ensuring systematic and timely monitoring of children and families' adjustment and well-being, mitigate the risk of abuse/neglect, ensure services and community resources are accessed in line with the care plan & identify any additional support when needed.
- To empower case workers with tools and techniques for documenting and tracking follow-up actions and outcomes.
- To reiterate skills in effective communication and engagement with children and families during follow-up visits.

Scope: The Purview of this chapter covers importance of followup, ways for effective followup, frequency of followup visits, tools for documentation of followup

Figure 6.1

Session 9: ''Case Management''; Training Module for Caseworkers (Child Protection Workforce); developed by Miracle Foundation India

As shown in figure 6.1 above, the follow-up mechanism for Children in Families is an important step in the case management process which enables regular monitoring of the child's situation, including their safety, the risk of harm and their wellbeing. This step focuses to ensure that the child and their family are receiving appropriate support to meet their needs and revise the care plan if the situation has changed or the plan is no longer fit for purpose.

Importance of Follow-up

Figure 6.2

Session 13: ''Followup Mechanism for Children in Families''; Training Module for Caseworkers (Child Protection Workforce); developed by Miracle Foundation India

Through providing follow up, case managers can:

- Regularly monitor the child's situation, including their safety, the risk of harm and their wellbeing, Ensuring there is absence of any red flag and child & family are thriving across the well being domains
- Check if there has been progress, i.e.:
    - If the child's needs are being addressed
    - If the care plan is working
      Progress can be identified by comparing the child & family's current situation - at the time of follow up – with the situation at the time of assessment and care planning.
- Check if there are significant changes in a child's situation, and if the care plan needs to be adapted/changed, i.e.:
    - The child's needs are not being addressed in time
    - Little progress is occurring
- To ascertain if the family members can access family support services, if required linking the child & family to any other services to address any 'new need' - while also ensuring the family has supportive relationships with extended family, community members and society at large.
- Child & Family can maintain or strengthen the relationship (adjustment)
- To ensure the child & family can express their views and concerns about the placement freely. Overall goal of the Follow-up is ensuring the family achieves self-sufficiency &

permanency for children in families. (refer Handout: Importance of followup mechanism for children in families in Training Aids document) for further understanding.

Ways to follow up effectively

Follow-ups with children and families can take place: through in-person visit or remotely through phone calls.

- **Home visits:** Home visits are important when following-up on the situation in the home. This is especially important when the home environment changes quickly or when levels of care are low. Home visits give the opportunity to not only gather information by meeting with the child and/or their family, but also learn more about the child's situation through observation. These visits can be scheduled in advance (planned with family) or done unannounced (mostly when there is high risk about child protection). Case managers should ensure that the child and their family are not exposed to harm, e.g. drawing the attention of neighbors or the community.

If a home visit might cause further harm to a child and/or their family, the case manager should consider meeting with the child and/or their family/trusted adult in another location.

- **Phone Follow-ups**: Phone calls can be very useful for quick check-in with the child and family, or to share any information. It also gives the opportunity to the child and their family to ask for support.

- **Contacting others who are involved in supporting the Child & family:**
- These can include members of extended family, community and society at large (e.g. community heroes, supportive-neighbor, school, community leaders etc)
- Service providers whose services are accessed by the family (e.g. counseling support, skill development etc)
- A case manager can also follow up with the service providers to which a child has been referred. This can be done by email, by phone call – whatever is appropriate.
- To ensure an effective follow, the case manager can take note of the following:

    - ***Rapport and trusting relationship:*** It is vital that a case manager has built a relationship of trust with the child, parent, caregiver, and/or trusted adult which enables open and honest communication about the placement by the child and family and allows the case manager to provide quality support. ‘ALWAYS share that you and family are on the same team of ensuring best-outcomes for the child’
    - ***Discuss follow-up Schedule:*** Provide a written schedule to the family ahead of the time and check with family on their availability before visiting except situation where child protection is a pressing issue
    - ***Ask Open-ended Questions:*** . Ask questions which provide opportunity for child & family to elaborate on their circumstances & their feelings (e.g. question begin with how, what, why to explore more information)
    - ***Empathy*****:** Empathy is an important skill for the case manager during follow-up interaction with the family, as the families are still vulnerable especially at initial

stages where they are implementing the learnt skills like positive parenting or are in process of adjustment (in case of transition cases).

- **Listening:** Listening not just the words but the feelings behind the words said is very important
- ***Ensure everyone has a voice:*** Talk to child and family to understand their views and thoughts including concerns about the placement is very important. Caseworker should try to speak to the child individually when possible.
- ***Maintain Confidentiality:*** Caseworkers should not share any private/confidential information shared by family except situations when child safety/wellbeing is at risk. Caseworkers should ensure that the child and their family are not exposed to harm, e.g. drawing the attention of neighbors or the community to avoid discrimination.
- ***Observe & Analyze:*** It is very important for case managers to not just ask questions but also observe the family interactions: hence planning visits during meal-times or family time will be important

Offer guidance and support when needed: Visits and followup interactions provide a great opportunity for case manager to offer support and guidance to the family when needed, e.g. teaching positive parenting skills
Ensure Child's SAFETY! Focus however should be the Child's SAFETY at all times. If the child expresses, he/she is in danger - the case manager should take prompt steps to address the concerns

While follow-up with children and families, it is vital to engage with child protection community-based structures in monitoring and follow-up. Coordination with child protection and multi-sectoral actors will be also important as they will be involved in the future child-focused monitoring and follow up while ensuring effective delivery of family strengthening services. Strengthening collaboration and coordination among ALL the agencies, and community stakeholders involved in child welfare is vital to ensure holistic follow-up at every level (even if at a limited scale)

Further the trainer will announce that the participants will now do a Group Activity: case study discussion 15 minutes to practice - How to effectively follow-up *(refer Handout Case study of Rama for discussion given in chapter 6 Training Aids).*

Frequency of Followup Visits

Figure 6.3

''Followup Mechanism for Children in Families'';
Training Module for Caseworkers (Child Protection Workforce); developed by Miracle Foundation India

Figure 6.3 above is a snapshot of 'Frequency of Follow Up Visits'. based on the guidelines shared by JJ Act regarding the duration of follow-up,

- Prevention of Child Separation cases:
- Need-based follow-up till 1 Year after family strengthening
- In-person Visits - Complete Thrive scale quarterly to understand progress on the interventions planned
- Phone follow-up – as required
- Frequency of follow-up increases in high risk (RED FLAG) cases (plan weekly/fortnightly or monthly follow-up if required)
- Transition/ Reintegrated children
- 18 months – 2 years post placement
- 1st visit in 7 days of placement (complete ICP)
- In-person Visit- Complete Thrive scale quarterly
- Phone follow-up: 15 days till 6 months, then monthly
- In-person Visits - Complete Thrive scale quarterly
- Frequency of follow-up increases in high risk (RED FLAG) cases

Given that every child and situation is different, the case manager needs to remain flexible and adapt the follow-up schedule when required.

There are changes that might impact the child's needs, their well-being, safety and the risk to which they are exposed. When changes like this happen, the care plan might no longer be fully relevant and review is required. Following are some signs of more frequent follow-up/evaluation required with the child & family:

- Planned intervention is not working or is not effective
- RED FLAGS: New signs of violence, abuse, neglect and/or exploitation
- Significant increase in the level of risk the child is facing
- The wellbeing of the child is deteriorating
- Life Changing event with child & family
- Changes in the care arrangement of the child

'How to address recurring RED FLAGS during follow-up visits?' Important to focus on the following:

- Always try to keep the family together
- Prepare safety plan (we learnt about safety plan & what it entails in the previous chapter 3)
- The frequency of follow-up can be increased depending on the Red flag the mode of follow-up can be determined.
- Involving multi-sectoral support for monitoring, e.g. Community based NGOs, Community leaders/heroes, PRIs, CPC, Childline, school, Health workers (ANMs/AWW).
- Only in situations when the child does not want to stay at placement Or case manager evaluate significant harm to child's life if placement continues, child will be moved to different placement.
- Note: Always prefer to keep children in the family so explore family-based care options first: Opting for respite care (for interim period) or F-BAC options. Only in situations where family-based care options are not available the institutional care should be opted as a last resort.

Tools for Documentation of Followup

Individual Care Plan (ICP)

- Individual Care Plan (ICP) -Post Release Restoration Section'. The last section (POST-RELEASE / RESTORATION) of the tool is to be filled out at the first visit by the Case Manager which include:
  - Transfer of Bank details and personal belonging of the child
  - First interaction report by probation officer/ Child Welfare Officer/ Case Worker/ Social Worker/ non-governmental organization identified for follow-up
  - Progress made with reference to Rehabilitation and restoration plan - this includes any needs identified at the time of restoration:
- Health and nutrition, Emotional and psychological, Education, sponsorship, Attachments and interpersonal relationships, Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment & Independent living skills
  - Family's behavior/ attitude towards the child
  - Social milieu of the child, particularly attitude of neighbors/ community
  - How is the child using the skills acquired
  - Whether the child has been admitted to a school or vocation? With details (Give date and name)
  - Efforts towards social mainstreaming and child's opinion/ views about it

- Report of second and third follow-up interaction with the child
- identity cards and compensations for the child & family which required to be updated/transferred (Birth certificate, School certificate, Ration Card, disability card, BPL card, Aadhar card, Received compensation from government etc)

Social Investigation Report (SIR)

- SIR - Refer to Review Progress', sharing that this tool can be referred to at the Follow-up stage to evaluate progress of child & family with the intervention plan set at time of developing Placement Plan (referring to last section of SIR: OBSERVATIONS OF INQUIRY) Which considers:
  - Emotional factors
  - Physical condition
  - Social and economic factors
  - Opinion of experts consulted including Mental Health Expert assessment
  - Risk analysis for the child
  - Child's & family's view of proposed placement

Which helps to draw recommendations of the case manager regarding psycho social support, rehabilitation and reintegration of the child and suggested plan

The JJA tools of ICP and SIR, filled properly, are foundational in the case management process in assessing the unique child specific characteristics, needs, support correspondingly family specific background factors, strengths, vulnerabilities, insecurities.

Thrive Scale

In order to make the case management process more holistic, complementing the use of the JJA ICP/SIR tools, Thrive Scale adds value in following ways:

- The tool helps to track children's and families progress over time.
- Relevant information which may get scattered in (field notes, reports, government paperwork, etc.) gets consolidated in one place, leading to a complete picture of a child and family's well being
- Helps to monitor quality of support & services provided.

- In-case if there is any life changing event with child & family, significant increase in the level of risk the child is facing. changes in the care arrangement of the child, there will be proper suggestive follow-up action plans.

- Codified to take the guesswork out of care and case management process

- The tool is Quantifiable for data-driven decision making: It is employed to support family strengthening in the case management process by evaluating families across the five well-being domains on Analyzing data through Thrive Scale App dashboard and reports to make data driven decisions and recommendations

- Holistic and strength-based: tool offers a structured and comprehensive framework for understanding a case, conducting risk assessment, intervention planning, and progress tracking to ensure a holistic and effective approach to family strengthening.

- Track Process of interventions provided: Areas of need and regular progress can easily be identified, observed, and tracked through regular/periodic application of the tool and through the visual representation of the scores (spider graph)

- Effective Monitoring child's safety and wellbeing & quality of support services

- Child- and family-centered: Tool ensures safety of entire family (including other children in the household) rather than just for 1 child, ensure everyone has a voice – Promotes Child participation

- Prioritizes RED FLAG concerns and plan for prompt mitigation.

- Improved reintegration/prevention outcomes for Family strengthening and Family based alternative care: Assess safety of family & community environment in facilitating: Prevention of separation, Reintegration & Placement into F-BAC options.

- Provides suggestive follow-up Action Plan: The tool has a section for follow up which helps the caseworker for devising intervention plans of the domains which require more support and plan the frequency of the upcoming follow-ups to be done jointly with family

- Most Importantly it compliments ICP & SIR: The tool works seamlessly alongside other assessment tools. The tool utilizes the five wellbeing domains which include critical aspects of a child's life and family environment into five key domains, focusing on various dimensions to ensure comprehensive development and safety.

Trainer, informs the participants that we will be practicing the skills learnt in today's lesson through a Role Play Activity (20 minutes), (refer Case Study for Role Play activity, and description of role play activity in chapter 6 Training Aids). Divide the participants into groups of 4 participants each.

At the end of the activity, the trainer will refer to the facilitator's checklist (refer Handout: Facilitator's Follow-up Checklist for Role Play activity practice in Training Aids) to review the practice done by respective groups (what was great, what went wrong, what was missed-out). Trainer winds-up the activity by re-emphasising the importance of having planned and well-prepared follow-up visit to ensure they are relevant and effective for ensuring best outcomes for children in families.

Summation & Preview

Through ongoing monitoring and support, the case management process strives to enhance the overall well-being, autonomy, and self-sufficiency of children and families seeking assistance, and enables case managers to make well informed and sound decisions regarding interventions and sustenance.

The next chapter dwells on the art of building connection, a trusting relationship while engaging with children, families.

Chapter 7

Building Trusting Relationship with Children & Families

Purpose: The purpose of this chapter is to drive home the point with a case manager, that communication and building a trusting relationship while engaging with children, families is an indispensable imperative to drive the case management process towards a necessary and suitable outcome for the child. The case manager needs to understand the vitality of this and practice the art of building this connection.

Scope: The scope of this chapter unfolds the components, steps of the process of a case manager's observation and engagement with children, families with a predominant emphasis on one of the communication skills of active listening.

Context

A key element of case management is the relationship between the case manager and the child and their family. As a matter of fact, relationship building is one of the main characteristics of an effective case manager. It is important for the case manager to have the capacity to develop trusting relationships with the children and families, coupled with a solid understanding of the community context, cultural customs, local language, professional service network so that families can receive support interventions based on a deep understanding of their unique needs. Besides formal meetings and follow-ups there needs to be trust and continuous communication flow between them so that the case manager can anticipate and be prepared for any changes in the life of the child.

In chapter 4,5 & 6 we have dealt with the importance of assessment, preparation, followup and how to plan the same to gather as much information as possible about the children and their family circumstances. Detailed information is essential to make the most informed decisions in the best interest of the child. This information assists us in developing an effective ICP, SIR that will assist us in providing the services most needed by the child and their family to strengthen the family structure, prevent separation, and facilitate rehabilitation.

All along these chapters we have touched upon the prerequisite of a transparent, trustworthy relationship between the case manager and respective child and family. In this chapter we shall focus at length on the ingredients, process of engaging with the child, family members, and other stakeholders that are essential for making decisions in the best interest of the child.

Engaging with Children

Engaging with children, especially those in need of care and protection, needs to be handled with utmost care and sensitivity. The rapport developed by the case manager is essential in getting accurate details of the conditions related to the child needing protection. The case

manager should inspire confidence and trust in the child, however, no false promises or hopes must be given. The child must be communicated with any information sought by them or that needs to be conveyed to them in a sensitive manner.

The following are some pointers for engaging and talking with children.

1. **WHO:**
   It is good practice for a female case manager to talk to the child, especially if it is a girl child or a child below 14 years of age. A team of male and female case managers can also do the needful. In cases of sexual assault, it is important that engagement with the child be done by female social workers. In particularly difficult cases the help of a trained counsellor (female) can also be taken.

2. **HOW:**

- Where there is an allegation of abuse or neglect, engagement with children should always be in private and should not be done in the presence of parents or carers.
- If the child is uncomfortable talking alone, a friend or relative can accompany the child, provided they are not in any way connected to the abuse or neglect of the child.
- The child should be made to always feel comfortable and breaks for water and washroom use should be encouraged as per the need of the child.
- An interpreter or assistant may be required if the child speaks a language different from that of the case manager or if the child has special needs.
- The child should be made to sit on a comfortable chair, couch or bench and the case manager should sit near the child or in front of the child, at the same level.

3. **WHERE:**

- While conducting conversation in the community or in the house of the family, it is important to find a quiet space where there is no interference from family members or others.
- If the child is in the CCI then the counselling room, classroom or any other room can be used for the discussion.
- To the extent possible, conversation with children should not be conducted alone in a closed room.
- The room / place where conversation is taking place should be clean, well-lit, and present a calm, cheerful atmosphere.

4. **HOW LONG:** Depending on the age of the child, the conversation should be of 15 to 20 minutes duration. Such engagement with the child should be done in the daytime.

Engagement with Parents / Caregivers / Other Adults

It is essential to talk to the parents or caregivers of the child to complete the SIR and for developing a focused ICP. One or both parents may be available for the discussion, where parents are not available, the discussion can be done with the main caregiver. This can be the grandparent, older sibling, uncle or aunt, cousin or any other adult member who is also a part of the same household.

It is important to fix a time in advance so that the parents / other respondents are available at home. Where parents are working, the discussion may need to take place early morning, late evening or on weekends.

Steps for an engagement with family members

When you meet a family for the first time, you should aim to build a relationship and not to ask any specific questions, unless you are assessing a situation in which a child is considered likely to be at immediate risk.

Step 1: Building a Relationship

- Introduce yourself (name, job, or work unit)
- Explain the purpose of your visit and discussion
- Ease the anxiety or nervousness of your respondents (ie family members) by building trust by talking about common topics, general issues before discussing the specific concerns

Step 2: Lay the ground for the discussion

- If you are engaging with younger children, you need to help them identify the difference between “true or false.”
- Make sure your respondents (concerned family members) know that you are to support them and help them solve the problem together. You need to consider “what the problem is” from the perspective of the interviewees.
- The focus will be “here and now” – not on the future.

Step 3: Learn about relevant background information

- Step 3 and Step 4 are a cycle of mutual interaction. The case manager may start with some general questions to learn about some background information. For example:

“I have met your child, and further I want to have a chance to know your family from your perspective. Would you like to share some information about your family with me?”

“You are really a special boy/girl. I believe you must also have a very special family! Would you like to introduce your family members to me?”

- After hearing the answer shared by the respondent, you can ask some more specific questions, such as “Who do you feel closer or closest to in your family? With whom is your relationship relatively weak, in your family?”

Step 4: Collect specific data relevant with cases of child abuse

- The case managers need to start with more general questions and get into more and more detailed questions as the discussion goes on. For example, “What happened after you and your father had a quarrel?” “What did your father do?” “If one stands for ‘not painful’ and ten stands for ‘extremely painful,’ how much would you score the pain caused by your father’s beating?”

After asking specific questions on certain aspects, you can return and start to ask general questions on another aspect. For example, “After hearing about so many things that you have shared, it seems that I have not heard anything about your mother. So how about your relationship with your mother?” Then you can lead into more specific questions.

Step 5: Summary

- If your respondent is a child, let him/her know it is not his/her fault for being abused and reassure them that they have the right to be protected and kept safe.
- Be clear with the respondent, about what you can and cannot do, and do not make commitments that you may not be able to keep (e.g. you cannot require his/her father come back home); meanwhile reassure that you will continue to find some other ways to support his/her family (e.g. providing support for his/her mother).
- You may not have answers to some of their questions, but it is important you tell them that you will find the answer and come back to them (probably in the next session)
- Tell your respondents what you are going to do next.

Observations during Family Visits

Along with discussion, the case manager must exhibit a keen sense of observation. This will give an opportunity not only to see the conditions in which the child lives, but also, depending upon who else is present, to observe the interaction between the family members.

An observation of the house and surroundings will reveal much about the financial condition of the family, their relationship with neighbours, a sense of the community relationships and network, a sense of why the protection arose and most importantly is the family condition right for the child to be restored back to their family. The last part is the most important recommendation that the case manager needs to make.

Aspects to observe/probe and note -

1. Relationship among family members
2. Physical condition of the house and neighbourhood
3. Relationship of the child with friends and peer group
4. Child’s experience in school
5. Parents attitude towards the child
6. Parents ability to provide adequate care
7. Any condition that may have led to the protection issue with the child
8. Type of neighbourhood /community and family’s relationship with them

The case manager may also need to talk to other stakeholders to complete the SIR. These can include -

1. Headmaster or schoolteacher
2. The health worker
3. The village head
4. Local Police
5. Friends / peers of the child
6. Neighbours
7. Extended family members

(Refer Family Visit Guidelines in chapter 8 Reference Document)

In order to arrive at the finest state of rapport building and trusting relationships, it is important for the case manager to master the skills in communication, particularly the skill of active listening. Active listening serves the purpose of earning the trust of others and helping one to understand their situations. Active listening focuses on understanding the other person and offering support and empathy. Just the experience of being genuinely heard can be refreshing and can encourage open communication between the case manager and the family members. (for activity, handouts on active listening, refer chapter 8 Training Aids document)

For other practice sessions refer Survey Activity referring to the self-assessment exercise in handout 1, role play to practice skills while referring to a few situations in chapter 8 Training Aids

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Summation & Preview

Relationship building is one of the main characteristics of an effective case manager. In order to arrive at the finest state of rapport building and trusting relationships, it is important for the case manager to master the skills in communication, particularly the skill of active listening.

The next chapter touches upon the significance of record keeping, documentation at each step of case management to make informed decisions for the child in the interest of their protection and wellbeing.

Chapter 8

Record Keeping & Reporting

Purpose: The purpose is to help a case manager register the efficacy of record keeping, reporting as important reference points at different stages of the case management process.

Scope: The scope of this short chapter is to touch upon the significance of record keeping, and gives a sneak-peek into the JJA formats, and other documents specified to gather and maintain the requisite child and family information across the steps in the case management process.

Record keeping and reporting are essential elements of case management, required for each stage of intake, assessment, planning, implementation, review, and case closure. It is critical that all information about the child, consisting of records, reports, orders passed by relevant authorities and other documents is duly maintained by the case manager. They will need to refer to these regularly to make informed decisions for the child in the interest of their protection and wellbeing.

Case Managers need to ensure compliance with confidentiality when documenting and storing reports of the child. Only the case manager and professional service providers need to have information about the child. The case file of the child must be maintained under lock and key in the CCI or in the office for children in family or community-based care.

Some of the important documents and noteworthy timelines at each stage of case management are:

Steps in Case Management	Essential Forms / Documents	Time requisites as applicable referring the Juvenile Justice (Care & Protection) of Children Act 2015
Intake: when the child comes within the purview of the Child Protection System (Juvenile Justice system)	Form 17 – filled by the person or institution producing the child in front of the CWC	to be submitted at the time of production of the child before the CWC
	• Form 18 – Order by the CWC to place the child in a CCI (Children's Home, fit facility, Special Adoption Agency - SAA)	
	• Medical report (current) • Age determination report	

	• First Information Report (FIR) from Police (regarding rescue or any previous police record)	
	Form 19 – Order of the CWC placing the child with parent / guardian or fit person pending enquiry	
	Form 20 – Undertaking given by parent / guardian or fit person while receiving the child.	
	• Form 23: application for surrender of a child • Form 24: deed of surrender • when a parent or a guardian wishes to surrender a child to the CWC.	
Assessment	JJA Form 43- Case History of Child	to be filled within first 14 days of a child who has entered a CCI, and kept in case file of the child
	Form 21 – CWC assigning the child to a Case Worker or Child Welfare Officer or an NGO for conducting social investigation	

	Form 22 – Social Investigation Report	Completed when the child enters the CCI, and annually thereafter to determine suitability of reunification with family or other family based care options.
	Form 7 – Individual Care Plan	completed in the first month, progress report to be reviewed (by case manager) every 2 weeks for 3 months, then once a month for the duration of the child's placement. ICP entered on Track Child Portal (Ministry of Women and Child Development)
	• School Certificates • School attendance and performance records • Psychological profile • Residential Proof • Parents ID • Disability Certificate (if applicable) • Caste Certificate (if applicable) • Previous health records • AADHAR card • Birth certificates • House or asset ownership records.	
Planning & Implementation	Form 7 – Individual Care Plan	Progress made with regard to proposed interventions as mentioned in point 19 of Part A of this form. Pre-Release Report to be completed 15 days prior to release

	Form 22 – Social Investigation Report, and all related documents provides recommendation on type of placement in family-based alternative care	
	Records of referrals – health, counselling, vocation training, education	
	Form 30 Home Study Report for Prospective Foster Parents	The CWC may also place children in group foster care, provided a family has been selected by the DCPU and a Home Study Report has been conducted under Form 30 of the JJ Rules.
	Form 31 Child Study Report	Children in need of care and protection who are living in community may also be considered for placement in foster care based on the child study report in Form 31 prepared by the DCPU.
	Form 32 Order of foster care placement with a family of group foster care	
	Form 36 Order of Sponsorship Placement	
	Form 37 Order of Aftercare placement	

Monitoring & Follow-up	Updated ICP	Post-Release Report to be completed at follow up visits after release for up to 2 years as per CWC orders Post Release Restoration Section'. The last section (POST-RELEASE / RESTORATION) of the tool is to be filled out at the first visit by the Case Manager
	Form 14 Rehabilitation Card	forms part of the record of CWC through which they monitor the implementation of the ICP
	Form 22 – Social Investigation Report	Refer to Review Progress', sharing that this tool can be referred to at the Follow-up stage to evaluate progress of child & family with the intervention plan set at time of developing Placement Plan (referring to last section of SIR: OBSERVATIONS OF INQUIRY
	JJA Rule 19 (18) while giving a discharge order, the CWC shall give a date of followup of the child Form 44: Release or restoration order	• followip plan as part of ICP • not later than 1 month from the date of discharge • thereafter once every month until first 6 months • thereafter every 3 months for a minimum of 1 year or till such time as CWC deems fit • followup report shall state the situation of the child post restoration
	Followp Phone Calls & Visits	• Phone Calls • 1st month – weekly calls • 2-5 months – monthly calls • 6 months – 1.5 years – quarterly calls

		• Home visits • 1st month – one visit • 3rd month – one visit • 6th month – one visit • 1 year – one visit • 1 ½ year – one visit
Case Closure	ICP with prerelease and post release plan	
	CWC order on transfer of child to another CWC	
	Form 44: Release or restoration order	

Table 8.1

Refer chapter 8 Reference document for more details

Summation & Preview

Case Managers need to ensure compliance with confidentiality when documenting and storing reports of the child, and adhering to the norms of the Digital Personal Data Protection Act (DPDP) 2023.

Chapter 8 marks completion of the technical knowhow wherewithal for a case manager. The subsequent chapter 9 & 10 are solely for the reference of the case managers about preparation and delivery of the training course on case management.

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